

ALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT; PARIS CONVENTION
NON PRIORITY; OR PROVISIONAL APPLICATIONS



SUBSTITUTE
DECLARATION
AND POWER OF ATTORNEY
U.S.A.

FOR ATTORNEY'S USE ONLY

ATTORNEY'S DOCKET NO.

P63461US0

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or a first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

PHARMACEUTICAL PREPARATION COMPRISING
EICOSAPENTAENOIC ACID AND/OR STEARIDONIC ACID

101
102
which is described and claimed in:

<input checked="" type="checkbox"/> PCT International Application No. _____	PCT/GB97/02738	filed	7 October 1997
<input type="checkbox"/> the attached specification	09/284,231	filed	12 April 1999
(if applicable) and _____			

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

9621294.9	Great Britain	11 October 1996	Priority Claimed
(Number)	(Country)	(Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9626062.5	Great Britain	16 December 1996	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)	

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. _____	Filing Date _____	Application No. _____	Filing Date _____
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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status: patented, pending, abandoned)
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON JR. (20,351); O. DOUGLAS PRICE (24,514); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409)

SEND CORRESPONDENCE TO:		DIRECT TELEPHONE CALLS TO: (please use Attorney's Docket No.) (202) 638-6666		
JACOBSON, PRICE, HOLMAN & STERN PROFESSIONAL LIMITED LIABILITY COMPANY 400 SEVENTH STREET N.W. WASHINGTON, DC. 20004		JACOBSON, PRICE, HOLMAN & STERN PROFESSIONAL LIMITED LIABILITY COMPANY		

*Inventor(s) name must include at least one unabbreviated first or middle name.

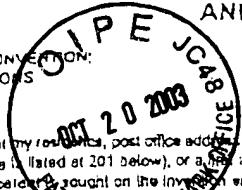
201	FULL NAME OF INVENTOR *	FAMILY NAME HORROBIN	GIVEN NAME David	MIDDLE NAME Frederick
202	RESIDENCE & CITIZENSHIP	CITY Stirling	STATE OR FOREIGN COUNTRY Scotland	COUNTRY OF CITIZENSHIP United Kingdom
203	POST OFFICE ADDRESS	Scarista Ltd., Kings Park House, Laurelhill Business Park	CITY Stirling	STATE OR COUNTRY Scotland
	FULL NAME OF INVENTOR *		GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS		CITY	STATE OR COUNTRY
	FULL NAME OF INVENTOR *		GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS		CITY	STATE OR COUNTRY

further declare that all statements made herein of my own knowledge are true and that all statement made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 *	SIGNATURE OF INVENTOR 202 *	SIGNATURE OF INVENTOR 203 *
DATE	DATE	DATE

**DECLARATION
AND POWER OF ATTORNEY
U.S.A.**

PATENTS, INCLUDING DESIGN
APPLICATION BASED ON PCT; PARIS CONVENTION;
PRIORITY; OR PROVISIONAL APPLICATIONS



FOR ATTORNEYS USE ONLY

ATTORNEY'S DOCKET NO

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"PHARMACEUTICAL PREPARATION COMPRISING EICOSAPENTAENOIC ACID AND/OR STEARIDONIC ACID."

which is described and claimed in PCT International Application No. _____ filed _____
 the attached specification the specification in application _____ filed _____
 (If applicable) and _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

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(Number) 9626062.5	(Country)	(Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

Application No. _____ Filing Date _____ Application No. _____ Filing Date _____

I hereby claim the benefit under Title 36, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which becomes available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.) (Filing Date) (Status: patented, pending, abandoned)

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Inventor(s) name must include at least one unabbreviated first or middle name.

FULL NAME OF INVENTOR *	FAMILY NAME HORROBIN	GIVEN NAME David	MIDDLE NAME Frederick	
RESIDENCE & CITIZENSHIP	CITY Stirling	STATE OR FOREIGN Scotland	COUNTRY OF United Kingdom	
POST OFFICE ADDRESS	POST OFFICE ADDRESS Scarista Limited, Kings Park House, Laurelhill Business Park,	CITY Stirling	STATE OR FOREIGN Scotland	ZIP CODE FK7 9JQ.
FULL NAME OF INVENTOR *	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN Scotland	COUNTRY OF United Kingdom	
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR	ZIP CODE
FULL NAME OF INVENTOR *	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN	COUNTRY OF	
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR	ZIP CODE

I declare that all statements made herein of my own knowledge are true and that all statement made on information and belief are believed to be true; and further that those statements were made in the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 <i>O. Th. Holman</i>	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE 3 May 1999	DATE	DATE